Mental Health Services Act

Statewide Conference Call

Technology/Capital Facilities and Housing/Funding

**Monday, November 6, 2006
3:00 pm – 4:00 pm**

**Toll-Free Dial-in: #1-866-296-6505
Verbal Passcode: MHSA
TTY#: 1-800-735-2929**

MHSA CONFERENCE CALL
November 6, 2006
AGENDA

3:00 – Welcome, Review Agenda, Conference Call Process and Agenda for General Stakeholders Meetings on November 14 and 17, 2006 – Bobbie Wunsch, Facilitator

3:05 – Presentation on MHSA Technology – Gary Renslo, Chief Information Officer

3:15 – Questions on MHSA Technology – Bobbie Wunsch/Gary Renslo

3:25 – Update on Capital Facilities and Housing – Jane Laciste, Chief, Special Projects

3:30 – Questions on Capital Facilities and Housing – Bobbie Wunsch/ Jane Laciste

3:40 – Update on MHSA Funding: Focus on Revenues – Carol Hood, Deputy Director

3:50 – Questions on MHSA Funding – Bobbie Wunsch/Carol Hood

3:58 – Summary and Adjourn – Bobbie Wunsch

MHSA Information Technology

November 6, 2006

MHSA Technology Funding

- **One-time and ongoing funding is specified for Capital Facilities and Technology**

- **Facilitates health technology transformation by supporting:**
  - **Mental Health Electronic Health Record (EHR) Systems**
  - **Mental Health Information Exchange (HIE)**
  - **Telemedicine**
  - **Infrastructure (computers, wireless PDAs, telecommunications, etc.)**

MHSA Technology Requirements

Previously Identified Stakeholder Technology Needs

Mental Health Information System Functions
- Enable medical record annotation and correction
- Schedule appointments, refill Rx, view lab results
- Enable access to providers and clinicians
- Enable services reporting / feedback for quality assurance
- Access to all legally allowed information (as is now on paper)

Mental Health Information System Attributes
- Secure, ADA Compliant, Culturally Competent, Real Time
- Accessible: public computers, broadband, rural access
- Clear Authentication/Authorization processes with access levels

MHSA Technology Goal (Draft)

To transform the county/local mental health technology systems into an accessible, interoperable, comprehensive information network that can:

- **Easily and securely capture, exchange and utilize information**

- **Facilitate the highest quality, cost-effective services and supports for consumer and family wellness, recovery and resiliency**

MHSA Technology Opportunities: Electronic Health Record (EHR) & Health Information Exchange (HIE)

National Efforts

- Health Level 7 (HL7)
  - Conformance Profile for Behavioral Health
- The Certification Commission for Healthcare Information Technology (CCHIT)
  - Vendor Certification
- California Health Information Security & Privacy Collaboration Project (HISPC)
  - Assess and develop plans to address variations in business policies and state laws that affect privacy and security practices that may pose challenges to interoperable HIE
- Regional Health Information Organizations (RHIO)
  - Interoperability and health information exchange architectures

MHSA Technology Opportunities: EHR & HIE

Governor's Executive Order S-12-06

Health IT Vision

- Achieve 100% electronic health data exchange among payers, providers, consumers, researchers and government agencies in the next 10 years

Health IT Mission

- Provide Californians appropriate personal health information available in a timely and secure fashion and enable affordable, safe and accessible health care

MHSA Technology Opportunities: EHR & HIE

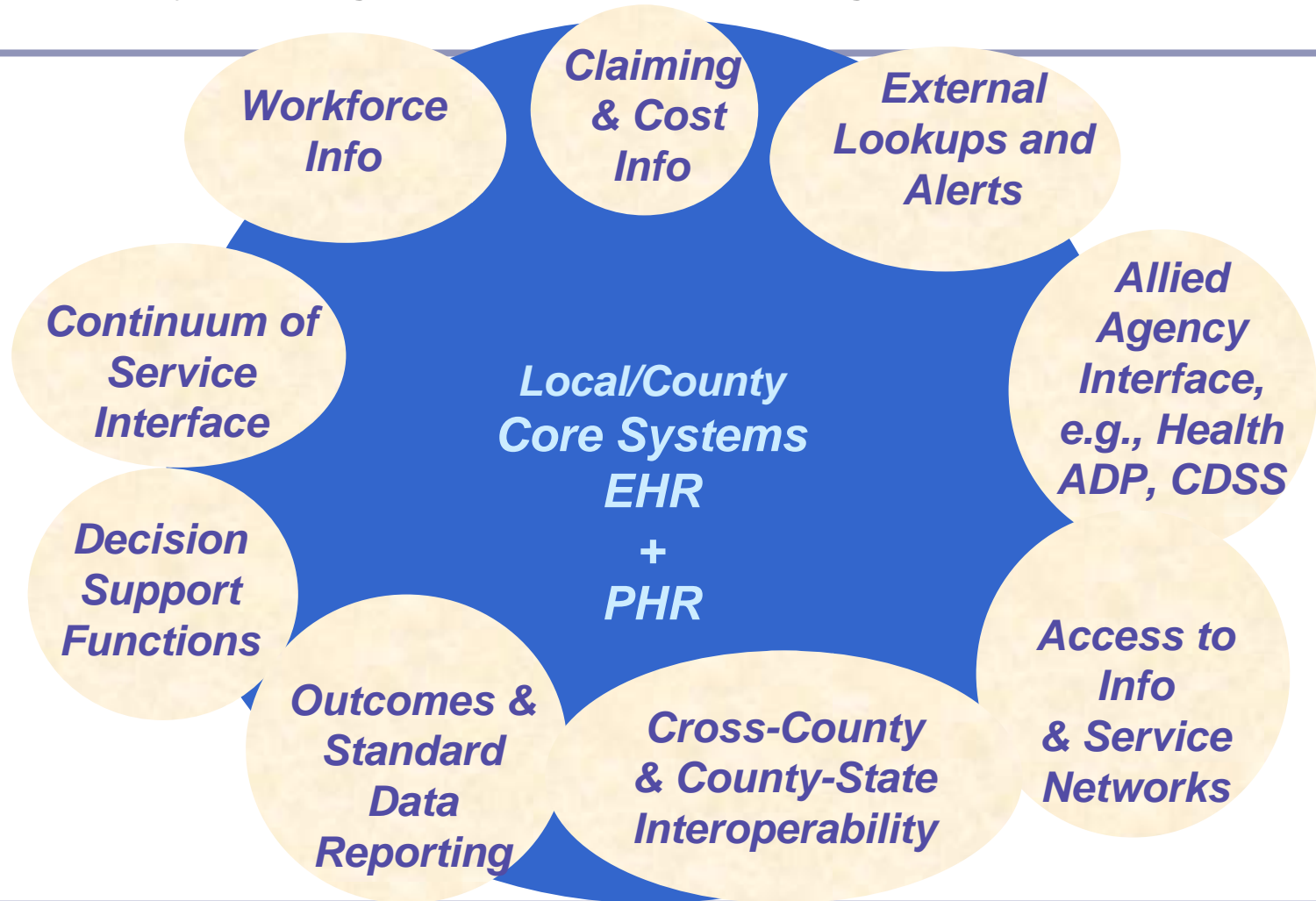**California Government Committee on Health Information Technology (CGC Health IT)**

The CGC Health IT facilitates the collaboration of State agencies and local governments on Health IT and health information exchange (HIE) related business needs and efforts
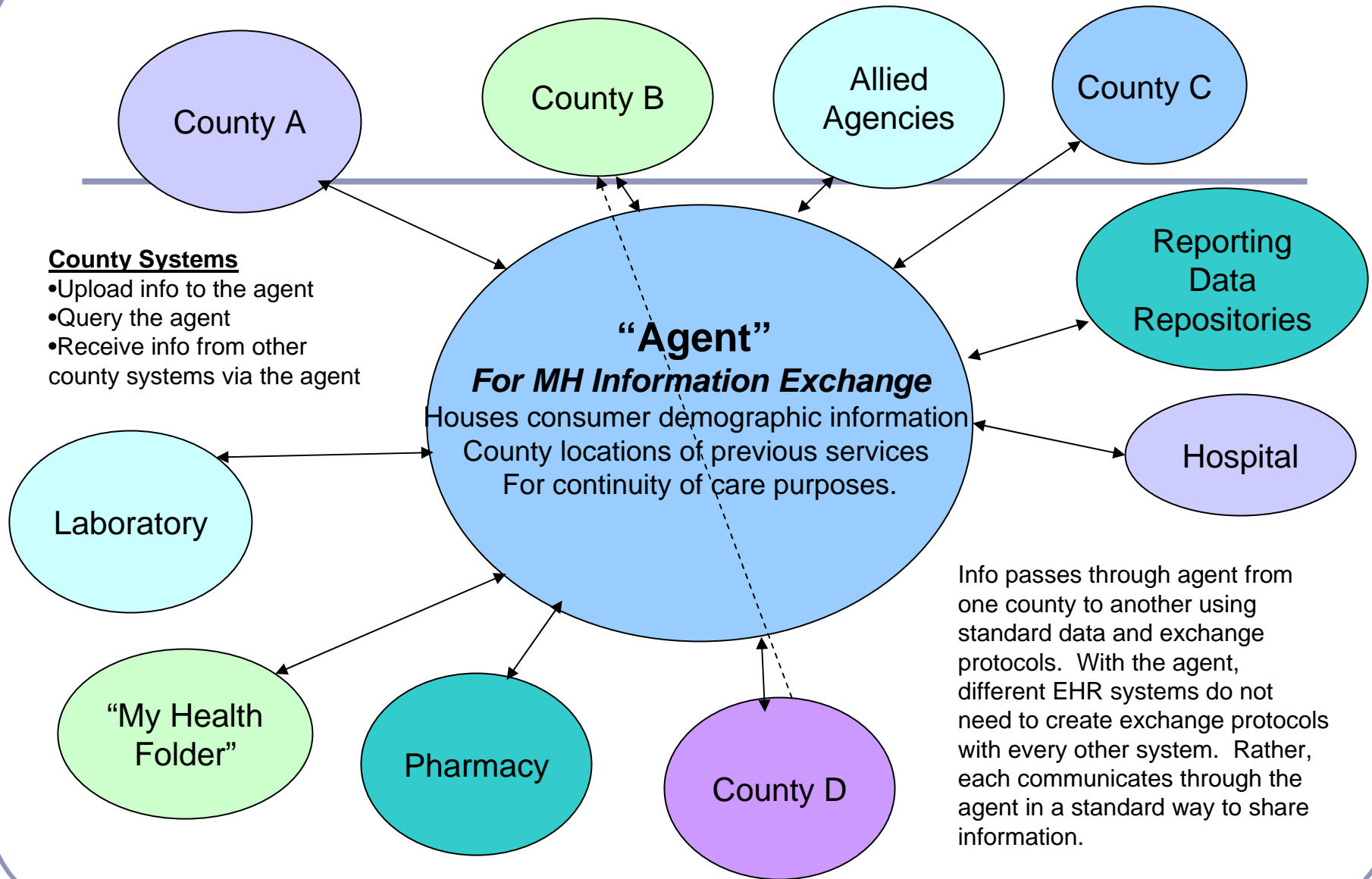
The CGC Health IT will:

- Develop an understanding of the requirements of Health IT / HIE systems within the State of California

- Share information about Health IT and its impact on state and local government

- Support the action items identified in Executive Order S-12-06 by leveraging Health IT efforts at all levels (federal, state, local, and private sectors)

A Transformational Electronic Mental Health Information System

- Technology, content and functionality standards
- Flexibility to business changes & options to maximize feasibility
- Interoperability and integration: secure data exchange; decrease silos

Workforce Info

Claiming & Cost Info

External Lookups and Alerts

Continuum of Service Interface

Allied Agency Interface, e.g., Health ADP, CDSS

Local/County Core Systems EHR + PHR

Decision Support Functions

Access to Info & Service Networks

Outcomes & Standard Data Reporting

Cross-County & County-State Interoperability

Proposed DMH Mental Health Information Exchange Architecture

County A

County B

Allied Agencies

County C

County Systems
•Upload info to the agent
•Query the agent
•Receive info from other county systems via the agent

Reporting Data Repositories

"Agent"
For MH Information Exchange
Houses consumer demographic information
County locations of previous services
For continuity of care purposes.

Hospital

Laboratory

Info passes through agent from one county to another using standard data and exchange protocols. With the agent, different EHR systems do not need to create exchange protocols with every other system. Rather, each communicates through the agent in a standard way to share information.

"My Health Folder"

Pharmacy

County D

MHSA Technology Next Steps

- Work with stakeholders to:
  - Define and prioritize technology needs and the minimum requirements for EHR/HIE systems
  - Initiate Health IT action areas
  - Develop two Requests For Information (RFIs)
    - RFI Part A - the EHR System
    - RFI Part B - the HIE Agent
  - Perform vendor evaluation
    - Develop validated vendor information sheet

- Develop county plan technology funding requirements

MHSA Technology Next Steps: Health IT Action Areas

- Establish Governance
- Develop CA Health IT Infrastructure & Resources
- Utilize Incentives to Promote Health IT Adoption
- 100% Electronic Health Data Exchange in 10 years
- Augment Current Privacy Protection
- Adopt Standards
- Engage Stakeholders
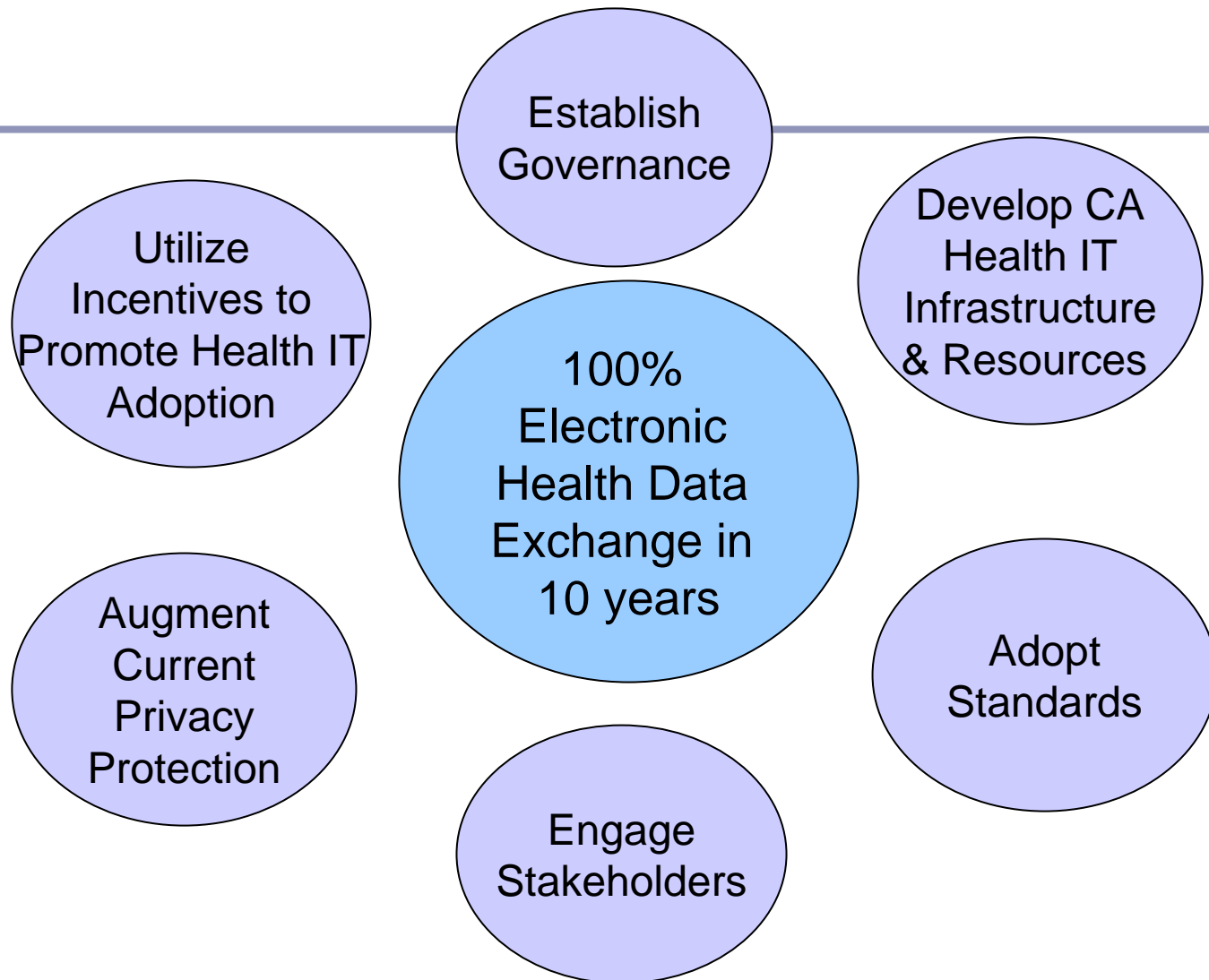
MHSA Technology Next Steps: Requests for Information (RFIs)

Develop two RFIs for concurrent evaluation:

RFI Part A – the EHR System

Determine vendors interested in providing EHR systems in California based on:

- The EHR Functional Model / the Behavioral Health Conformance Profile
- The California Behavioral Systems Coalition Request for Proposal
- The Continuity of Care Record / Clinical Document Architecture

RFI Part B – the HIE Agent

Determine vendors interested in providing interchange functionality for interoperability between counties and other entities based on:

- The Continuity of Care Record / Clinical Document Architecture
- Master Patient Index / Record Locator Service
- Personal Health Record – "My Health Folder"

MHSA Technology Funding Request and Oversight

Request Funding

- California counties will submit Technology Funding Requests in response to the DMH requirements
- DMH reviews the request and will work with each county for any required clarifications/modifications

Post-Funding Technology Plan Oversight

- Upon approval of the request, DMH will continue in an oversight capacity with each county to help ensure the success of the MHSA projects

MHSA IT Contact Information

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Questions on MHSA for Technological Needs?

MHSA Capital Facilities and Housing

November 6, 2006

MHSA Distribution of Funding

FY 04/05	
45%	Education and Training
45%	Capital Facilities & Technology
5%	Local Planning
5%	State Admin
FY 05/06-07/08	
55%	CSS (Including 5% for Innovation)
20%	Prevention and Early Intervention (5% for Innovation)
10%	Education and Training
10%	Capital Facilities & Technology
5%	State Admin

MHSA Distribution of Funding

Total estimated Capital Facilities and Technological funding for the FY 04/05, 05/06, 06/07, and 07/08 is $403 million.

MHSA Distribution of Funding Cont...

FY 08/09 and Beyond	
75%	CSS (5% for Innovation)**
20%	Prevention and Early Intervention (5% for Innovation)
5%	State Admin
**Up to 20% can be used for prudent reserve, capital facilities, technological needs and education & training	

DRAFT
Mission Statement

- To support the development of safe, affordable housing and accessible community-based services that enable those with serious mental illness to live in our communities

Capital Facilities ~ What's the Goal?

- Increase the number and variety of community-based facilities which support a full continuum of community-based living options that offer client choice, promote independence and support integration into the larger community

- Leverage local, state and federal resources whenever possible to secure additional funding for client housing and buildings where clients receive services and support

- Develop long-term accessible and affordable community-based living options

Capital Facilities:
Stakeholder, client and county suggestions for how Capital Facility funds can be used

- Separate community-based crisis stabilization & residential facilities for adults and youth

- Co-locate mental health services with primary care clinics

- Collaborate with Family Resource Centers for "one-stop" service

- Multi-use facilities that combine housing and other resources

- Community-based assessment centers

- Transitional housing for TAY

Capital Facilities (proposed)

- Definition: A "capital facility" is a permanent building that is used for the delivery of MHSA services or to meet the housing needs of mental health clients and their families

- Capital facility funds may be used to acquire, develop or rehabilitate such buildings

Capital Facilities
What will it fund? (proposed)

- Acquisition, improvement and development of land

- Construction or renovation of a building or facility

- Other possibilities being considered:
  - Soft costs for development
  - Operating capital reserves

MHSA Supportive Housing

Governor's Executive Order S-07-06:

- Up to $75 million per year of the MHSA funds will be dedicated to permanent supportive housing for individuals with mental illness and their families who are homeless

- The goal is to create 10,000 units of permanent supportive housing

MHSA Housing

- The MHSA Housing Program guidelines are still under development by the technical committee

- The technical committee is comprised of:

  - The Department of Mental Health (DMH)
  - California Housing and Finance Agency (CalHFA)
  - Housing and Community Development (HCD)
  - County mental health departments
  - Non-profit organizations
  - Corporation for Supportive Housing (CSH)
  - Tax Credit Allocation Committee (TCAC)

What's Next?

- Draft guidelines for stakeholder input in late December/early January

- At that time hold stakeholder conference call(s) specifically for input on Capital Facilities and MHSA Housing Program

- Plan to issue final guidelines in early 2007

Questions on Capital Facilities and Housing?

MHSA Funding Focus on Revenues

November 6, 2006

Critical Fiscal Requirements

- Funding is to expand services. Cannot supplant funding or programs

- Deposited in the Mental Health Services Fund (MHSF)
  - MHSFs developed at state and local levels
  - Cannot be loaned
  - Interest accrued to the fund

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Revenues

- Source
  - 1% increase in personal income tax in excess of 1 million

Timing of Revenues – 2005 Example

- Cash Transfers – Throughout the year
  - Withholdings on salaries, estimated tax payments
    - 1.76% deposited into Mental Health Services Fund
    - All estimated amounts
- Interest – deposits made quarterly
- Tax Returns to determine final amounts
  - Final payments due April 15, 2006
  - Final tax returns due October 15, 2006
  - Final Mental Health Services Fund amount determined March 1, 2007
  - Adjustments made July, 2007
    - Additional payment on 7/1/07 or
    - Discontinue deposits until overpayments reduced beginning 7/1/07
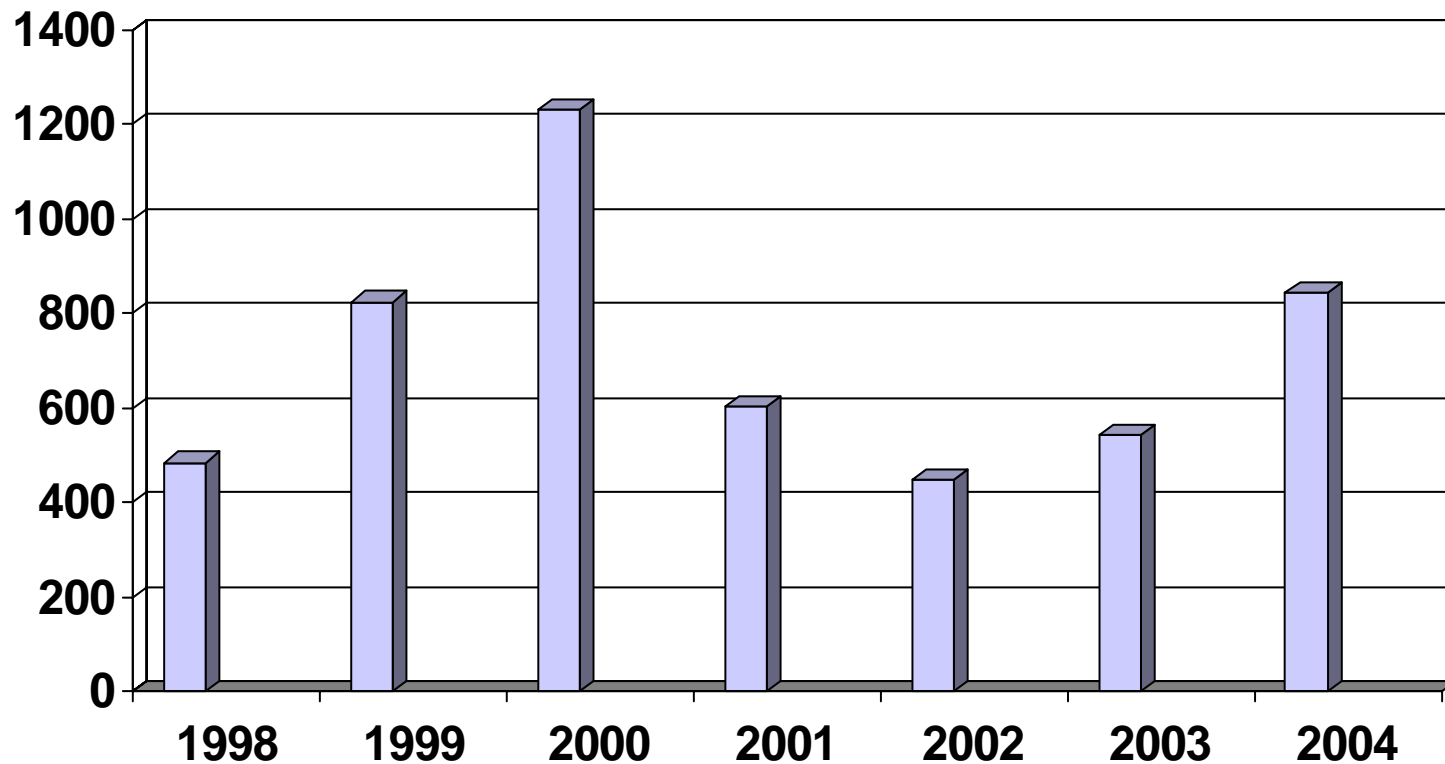 - Called accrued revenue from prior years

CSS Example
In Millions

	FY 05/06	FY 06/07	FY 07/08
Planning Estimate	$314.8	$318.0	$327.8
Monthly Deposits	$465.0	$478.6	$383.0
Interest	$6.4	$7.4	$15.7
Accruals			$154.1
Revised Total	$471.4	$486.0	$552.8

Fund Source Volatility
(projected revenues in millions for prior years)

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Prudent Reserve

- Because of volatility of funding, the Act allowed funding to be set aside in good years to be used when revenue declines to maintain stability of programs and services

- For Community Services and Supports (CSS), target is 50% of annual funding
  - Use unexpected additional revenues to fully fund CSS prudent reserve by FY 08/09
    - Target is $350M

Expansion of Services

- Unexpected additional revenue will also be used to fund expansion of CSS services
- Principles for expansion
  - Use cash available not estimated funding
  - Develop revised local planning estimates one year in advance
    - FY 07/08 expected increase in local funding for CSS is approximately $100M

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FY 06/07 and FY 07/08 Expansion of Services

- DRAFT Process – counties may request
  - Expansion of existing, approved programs
    - No new program description
    - Assurance costs are similar
    - Ensure capacity
  - Add new programs
    - Must have been through stakeholder process
    - Meet same CSS narrative and budget requirements
  - 30 day period for stakeholder review required

Future Development

- Allowable expenditures for balance of components
  - For example, are rent subsidies a cost under CSS or Capital Facilities?
- Interpretation of requirement that 20% limit for Capital, Technology, Education and Training and Prudent Reserve beginning in FY 08/09
- Prudent reserve level for other components
- Format for public reporting of expenditures
- Planning estimates for balance of components

Questions on Funding?

DMH MHSA Conference Call:
Tech/Cap Fac & Housing/Funding

MHSA – How to Provide Input

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  1-800-972-MHSA (6472)
- By Email:
  mhsa@dmh.ca.gov
- By Mail:
  MHSA
  Department of Mental Health
  1600 9th Street, Room 250
  Sacramento, CA 95814
- Website: www.dmh.ca.gov/MHSA